



Volume 7

A Monthly Update from the Office of Vermont Health Access

OVHA Pharmacy Bulletin

Keeping our Pharmacies Current with Policy Changes and Alerts

<http://ovha.vermont.gov/provider-services/provider-services>

November 2007

To submit questions or suggest topics send an email to: OVHA-PH@ahs.state.vt.us

CLAIMS PROCESSING UPDATES

Green Mountain Care is now the name for our family of health coverage programs for Vermonters. Included are existing programs: Vermont Health Access Plan (VHAP), Medicaid, Dr. Dynasaur, VScript and Healthy Vermonters. Joining Green Mountain Care on **November 1st** are two new programs:

Employer Sponsored Insurance (ESI) Premium Assistance Program

The Health Care Reform Act of 2006 provides eligible Vermonters with financial assistance to help pay the monthly premiums associated with some health insurance plans offered by their employers. For premium assistance, these employer plans must meet coverage standards including coverage for chronic conditions.

- For ESI beneficiaries not eligible for VHAP, the program will pay the cost share for maintenance medications that are used to treat the following chronic care chronic health conditions: Asthma, Depression, Hyperlipidemia, Hypertension, Diabetes, Arthritis, COPD, Ischemic Heart Disease, Congestive Heart Failure, Chronic Renal Failure and Low Back Pain. Cost sharing coverage will pay co-pays, coinsurance and deductibles for maintenance medications for these conditions only. If the primary ESI insurance denies the claim, the claim will also be denied by Vermont Medicaid, and physicians should either pursue a prior authorization through the ESI or change the prescription to a medication preferred by the ESI.
- For ESI beneficiaries who meet VHAP eligibility requirements, coverage will apply to all VHAP covered services. Coverage for these beneficiaries **is not limited** to medications for the chronic care health conditions listed above. The Preferred Drug List and quantity limits will apply.
 - To submit a claim for amounts to be billed to Vermont Medicaid as a secondary claim, please use Bin **610593** PCN- **VTM** ID#- **Social Security**. Report the dollar amount paid by the primary Employer Sponsored Insurance.

Catamount Health

Catamount Health policies will be offered by Blue Cross Blue Shield of Vermont and MVP Health Plan.

- Please bill Catamount Health claims to the appropriate carriers for these plans. Pharmacy claims for these members **do not** get processed through the Vermont Medicaid Pharmacy Program.
- Carriers offering **Catamount Health** plans are required to have chronic care management programs for some chronic conditions available to their Catamount Health beneficiaries. Carriers must waive cost-sharing for beneficiaries who are actively participating in those chronic care management programs. Cost sharing costs for Catamount Plans may not be billed to Vermont Medicaid.



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Change in Pharmacy Compound Fee for Multi-Ingredient Compounds

On July 2, 2007, changes were made to the process of multi-ingredient compound claim submission for all OVHA beneficiaries. Since that time, pharmacies have indicated that the submission of claims with a graduated compound fee based on level of effort has been difficult. In some cases, pharmacies were unable to get software updated to accommodate transmitting this information.

Recognizing this difficulty, OVHA is announcing a change in the compound fee effective **11/01/07**. A compound fee (professional services fee) of \$15.00 will be automatically added to all prescriptions submitted with a compound indicator of "2" (in addition to the regular \$4.75 in-state or \$3.65 out-of-state dispensing fee) regardless of level of effort or dosage form of the compounded product. It will no longer be necessary to indicate "level-of-effort" as part of the claim submission.

All other changes to multi-ingredient compound claims submission implemented on 7/2/07 remain in effect and are summarized below for your review.

In order for an ingredient to be considered for payment, the manufacturer or supplier of the individual ingredients **must participate in the Federal Rebate program** (as required by the Social Security Act SEC. 1927. [42 U.S.C. 1396r-8]).

All compounds must contain **more than 1 ingredient**. Compounds submitted with only 1 ingredient will reject with a reject code of 76 with local messaging of "Minimum ingredients of 2".

Compound indicator must be "2" (indicating a multi-ingredient compound).

NDC field in claim segment (i.e. Product/Service ID) (not individual ingredients) must contain **11 zeros**. If an actual individual NDC is submitted in the Product/Service ID, the claim will reject with a reject code of 70 with local messaging of "Submit 11 zeros in the Product/Service ID and complete compound detail – more than 1 ingredient required".

For questions regarding compound claims submission, please contact Nancy Miner (MedMetrics Program Representative) by email at nancy_miner@medmetricshp.com or by phone at 1-802-879-5638.